WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

correct age

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6126 Reg. Diat. No. 100

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infasts give residence of mother)
City or town	State Ma: County Charles
	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Mary Caroline	- Bryant 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 W Midamed	2D. DATE OF DEATH. Servico 19.48 21 9:50 A.
P. Brue +	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband omnite	Man 19.47 to June 10 19.48
7. Birth date of deceased (mo., day, yr.) Feb. 24, 1870	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediata cause of death. Conglative Heard tailura. DURATION
0. AGE.	Line
/8 3 //hrsmin.	
9. Birthplace Manjamy Med.	Due to Festivo classic Carseovasculas 5 yrs
(Zwn, county, anystate)	misse.
10. Usual occupation	Oue to
11. Industry or business/	
	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Caroline Baswell Chap. Co. md.	Major findings of operations.
E 15 Rietholace Chas. Co. md.	Date of op
Million: 1 Breeze +	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address (family Vid.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Prince Date thereof 6 /13/48	
(Burlal, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory Acustomany Gopti	Where did Injury occur? (City or Town) (County) (State)
Location naviously, med.	Injured at home, farm, Industry, public place (where?)
IN THE DELLO	Means of Injury Injured at work?
18. Funeral director	0///////
Address Was down, Mid,	- Starrage Million Mid)
6/12/11 Ville Il Person	23. SIGNATURE M. D. or other
19. 6/24 19 Registres	Address A Flata Tend. Bate stoned 6-10-4

JUN 18 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

552

CERTIFICATE OF DEATH

Par Diet No 100

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH Justes County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Couoty Charles City or town Usual City or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME CUSICK, VIOLA an	3. (b) Social Security Number
4. Sex 7 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 6-11-48 19. 10.05A
6.(6) Name of husband or wife Harry E. Cusick 1. Birth date of deceased (mo., day, yr.) March 5, 1897	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12. 12. 13. 17. 10. 61. 19. 19. 19. 19. 19. 19. 19. 19. 19. 1
8. AGE: Years Months Days If less than one day 5/ 3 6 hrs. m 9. Birthplace	Assertiate Clare VI Cellar
11. Industry or business 12. Name Peter Fluerstein 13. Birthplace Wisconsin	Diher conditions
14. Malden name 15. Birthplace 16. Informant Harry E. Cusick	Major findings of operations. Autoria Rt. Ferrary Date of op. Man 10/47 Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. (Buriar, cremation, or removal, Which?) Cemetery or crematory	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Location Mew Port, and, 18. Funerat director Hunts & Regorian Address Waldors Mad,	Injured at home, tarm, Industry, public place where?) Means of Injury This work? At the D.
19. 6/1/ (Date rec'd by registrar) 19. 48 Julia H Paser Registrar)	23. SIGNATURE M. D. or other

MARGIN RESERVED FOR BINDING

information carefully of death clearly and

PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

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JUN 18 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 100

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL TAME PORD FORD	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced M. M. C. 6.(b) Name of husband or wife 7. Birth date of 7. Birth date of	MEDICAL CERTIFICATION 20. DATE DF DEATH
8. AGE: Years Months Days If less than one day 9. Birthplace (Town, county, and state) 10. Usual occupation	Immediate cause of death Sufficient Source OURATION Due to To The Sufficient Sufficient Source Sufficient Suf
12. Name 12. Name 13. Birthplace Mt Voctor W. 14. Maiden name 15. Birthplace Mt, Voctor Voc. 16. Informant Mo My Jordan Address Mt, Voctor Voctor Voc.	Other conditions and bratery refeats revealed that patient had had Type high Tweer in its must severe for (Include pregnancy within 3 months of death) Major fieldings of uperations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Address 19. 6-30 (Date rec'd by registrar) 19. 78 Registrar	23. Signature — Javen Javen M. D. or other Address — Date signed 6: 26-46



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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

21				1	-	1
	D	Diat.	D.T.	1	0	6
	Keg.	Diat.	No.	. d	Salar .	-

023111110111	Reg. Diat. No.
1. PLACE OF DEATH County City or town. (if outside city or town inlines write RURAL and give nearest town) How long in above place of death? Hospilal, Institution, or street address where leath occurred: How long in hospitat or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 15. Color or rece 6.(a) Single, warried, widowed, or divorced Harried 6.(b) Name of huaband ar wifa Mary Livie Guynn	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of deceased (mo., dey, w.) 8. AGE: Yeera Manths Deya If less than one day hrs. min. 9. Birthplace Powers Charles Our Mod.	and the visat see h. Limitalive on fund 18 18 4. Immediate cause of death DURATION Carolin runal disease Due to.
11. Industry or businesa 12. Name Solm Guyann 13. Birthplaca Clearles Oy Md.	Due to
16. Informant Clearence Con Man. Address Indian Head Md 17 Buryal Bate thereof Lynn 21,48	Major findings of operations
(Burial, cremation, or removal. Which?) Cemetery or crematory Location 18. Funeral director Standard Parameter Para	Accident, suicide, or homicide
Address Swason Hofermad And 19. (Date fee'd by registrar) Registrar	23. SIGNATURE GEORGE C. TECKULL M. D. grother Address Date signed Mr. 18,45

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

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JUL 13 1948

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

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MARYLAND STATE DEPARTMENT OF HEALTH

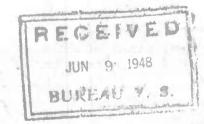
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

105

Reg. Dist. No ...

1. PLACE OF DE	40			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County				State Md. County Charles				
City or town (If outside city or town limits, write RURAL and give nearest town)								
1				City or town	orest town)			
Hospital, Inatitution, or			l:	(If outside city of town limits, write NORAL and give he	micot wwiij			
				Street No. (If rural, give LOCATION)				
			***************************************	4				
How long in hospitel or				2.(a) If veteran, name war				
3. (a) FULL NAMI	\	lerling	la J. Lancaster	3. (b) Social Security	Number			
4, \$21	5. Celar er race	6.(a)Sing	a, marriad, widowed, or divorced	MEDICAL CERTIFICATION				
Femile	white	1	Vidamed		à- ·			
1 JUNEAU				20. DATE OF DEATH 19.48	at 0/50 A M			
a day was add and and	an wilda			21. I CERTIFY that death occurred so the date above atated; that I attended deci	eaaed from			
B'(o) Vemt & uasamus				1936 to Kung 1	19.48			
7. Birth dete of			e) If alive, give egeyes	end that I last eaw men alive on man ac				
decassed (mo., day, y	r.) March	19, 180	8	9	DURATION			
8. AGE: Yeare	Monthe	Deya	tf leae than one day	Immediate cause of death				
80	2	13		n. Ocute congetive heart failure	12 /40			
8. Birlhplees	Hamey	n, county, and	state)	Due to Chaic myocardosio	12-15 yra			
10. Usuel ozaupetion		ane		Due to Generalized anterioschrosis	12-15 yrs			
12. Name	hu)	we	P. a	Other conditions Disletes mellitus	10-12 4			
14. Maiden neme	Jani	12	Ing Pa	(Include pregnancy within 3 months of death) Major fiadiage of operations				
第1 15. Birthplaca			0.5	Date of op.				
16, Interment	Clas C.	fancas	ter (am)	Autopsy results				
	Rock			PHYSICIAN: Please underline the cause to which death should be charged	statistically.			
Addrees	110CB	dir.	1 >	22. VIOLENCE: If death wes due to externel ceuses, fill in the following:				
17 / July	Ua(Date ther	eof 6 -3 - 45	Accident, aulcide, or homicide				
(Burlsl, eremation	or removal. Which	(1)	(month) (day) (year)					
Cemetery or cremato	ry			Where did injury occur? (City or town) (County)	(State)			
	1	2	exul mi	Injured et home, farm, Industry, public place (where?)				
Locetion	7 /	41 1		Maana of Injury Injured et work?				
18. Funeral director	True	11	-130-0	means of injury				
Addree2 61	aleli	1	1/200	- 23. SIGNATURE James & Mackaranach, M.	٥			
19. 6-2	19 / 8	() U	Julling fre	() . M. D.	or other			
(Date Let d by Le	portion /	-	O registre	- I RUUI COO D'ALE AIRICU				



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Diat. No.

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6 6 A	110.	U	-	-	U	0011	Fed Fed	IOTO	

Hospital, Institution, or street address where death depurred:

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
State County Clarles
City or town Rand
Street No. (If rural, give LOCATION)

MEDICAL CERTIFICATION

3. ((a)	FULL	NAM	E

1. PLACE OF DEATH:

How long in above place of death?..

(Date rec'd by registrar)

	3. ((b)	Social	Security	Number
--	------	-----	--------	----------	--------

Date signed L-6-48

Now long in hospitai	or Institution?	days		11100
3. (a) FULL NAM	ME	Rase	awilda Martin	
4. Sex	5. Cotor or race		e, married, widowed, or divorced	_
Femle	white		married	
6.(b) Name of husban	d or wife Repl		nartin c) If alive, give age	215
deceased (mo., day	yr.) augu			
8. AGE: Yea	rs Months	Days	If less than one day	
68 7	9 9	28	hrsn	ıtn.
11. Industry or bustness 12. Name	John J.	mss. D.		
置 14. Maiden nam		cal D. C		
2 15. Birthplace	h	Josk D.	C.	
16. Informant	Raphal	H. Marti	*	••••
Address	3700	المالية	ord.	
17. Burlal, crematic	on, or removal, Which	ر رياسه	(month) (day) (yesr)	
Location	7	251	sutor mh	
18. Funeral director	- 1111	~ /1		

20. DATE OF DEATH.	رم.	48 at 9:50P
21. I CERTIFY that death occurred the date	above stated; that I attend	led deceased from
Immediate cause of death	0	DURATION
Carebral lane	Mage	8 Days
Dther conditions		
(Include pregnancy with)	n 3 months of death)	
Major findings of operations.		
Antopsy results	o which death should be	charged statistically.
22. VIOLENCE: If death was due to externa	l causes, fill in the following	ξ:
Accident, suicide, or homicide	Date of	of
Where did injury occur?	(County)	(State)
Injured at home, farm, industry, public place	e (where?)	
Manne of Injury	Injured at wo	rk?

23. SIGNATURE Jans I. Mackarand, M.D.

JUN 11 1948

information carefully. The of death clearly and legible

CAINLY, WINH CNFADING INK. Supply every item of especially important. Physicians: please write the causes

WRITE

PLEASE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6132 Reg. Diat. No. 106

1. PLACE OF DEATM:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Charles	(For newborn infants give residence of mother)
City or town	state Mary land county Lnayles
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limats, write RURAL and give nearest town)
nospital, institution, or street address where death occurred.	Street No. (If rural, give LOCATION)
The state of the s	2.(a) It veteran, name war
Now long In hospital or Institution?	
3. (a) FULL NAME	3. (b) Social Security Number
	Idale 104
4. Sox 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Negro Married	20. DATE OF DEATH June 9th 19 48 21 7 1/A N
8.(b) Name of husband se wife Marris Clipton Middleton	21. I CERTIFY that death occurred oo the date above stated; that I attended deceased from June 9th 19.48 to June 9th 19.48
7. Birth dato of 7. Sirth dato of 7. Sir	June 9 19.78 to dane 7 19.70
7. Birth date of deceased (mo., day, yr.) +eb. 5th 1905	and that I last saw halive on
	Immediate cause of death DURATION
o. AGE.	Cormary Heart Disease
43 4 4hrsnln.	
9. Birthplace Clarksburg, Virginia (Town, county, and state)	Due to.
(Town, county, and state)	
10. Usual occupation House wife	Duo to
11, Industry or business	000 tq
	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Nord Meiston	Major findings of operations
15. Birthplace Clarksville, Ja.	Date of op.
M. is Olish Middleton (bushard)	
To. illustration	Autopsy results
Address Pompnkey. Maryland	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17 Oscaral Date thereof James 2/948	
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Mells Gusself	Where did injury occur?
Promise mai	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director Anne The Matthews	
was Tersell Dice	Project of Amille M. A.
China a la Di Di	23. SIGNATURE M. D. or other
12 June 7 1948 Gally rece	to Indian Head Ms. 16-9-48
(Date rec'd by registrar) Registrar	Address Date signed W

JUL' 13 1948

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JUL 10 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

/) CERTIFICA	ALE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Cought Carles
(If outside city or town limbs, write RURAL and give nearest town) How long in above place of death?	City or town
Rospital, Institution, or streel address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war
4. Sex 5. Folor or race 6.(a) Single, married, widowed, or divorced	VES fri
M Peol Sigle	MEDICAL CERTIFICATION 20. DATE OF DEATH. 2504.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Much 13 / 951	and that I last saw h Accalive on July 2 6 18 4
8. AGE: Years Months Days It less than one day 17 2 13	Immediate cause of death DURATION DURATION DURATION 11 4R.5.
9. Birthplace (Town, county, and state)	LADUE TO LECT LEFT VENTRICULAR 6 DAY
1D. Usuat occupation	Due to
12. Name John assall anes	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Plank Thompson 15. Birthplace Chan Can Suck-	Major findings of operations. Date of op.
Address Walds Ord R. 7. 2	PHYSICIAN: Please underline the cause to which death should be charged statistically.
11. (Burial, cremation, or removal Whiteh) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
18 Funeral director Huntil Mayor	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address Warth med,	23 SIGNATURE John H. Griffie, U.D.
19.6-30 (Date rec'd by registrar) 19.48 Julia H. Vasa Registra	M. B. or other

BINDING FOR MARGIN RESERVED WHA UNFADING INK. Supply every item of information carefully mportant. Physicians: please write the causes of death clearly and

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JUL 8 1948

MARYIAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No. .

CERTIFICATE OF DEATH

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Chaves .	(For newborn infants give resideoco of mother) State. County CARCO
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of dealh?	City or town
Hospital, Institution, or street address where death occurred:	Sireet No.
Hore	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
WILLIAM FRANCIS SEWEL	
4. Se 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
(1) COLORED SINGLE	2D. DATE DF DEATH. JUNE 10 19 5 at 10 A M
	21. I CERTIFY that death occurred on the date above etaled: that I attended deceased from
6.(b) Name of husband or wite	JUNE 9 18.48 10 YUNG 10 18 48
7. Birth date of	and that I last sew h on alive se UNE 7, 1945 19
deceased (mo., day, yr.) APRIL 33, 1948	Immediate cause of death
8. AGE: Years Months Days tf less than one day	CARDIOVASCULAR
1 0 1 13,min.	FAILUPE
9. Birthplace Hughesvalle	Due to MALDEVELOPMENT
(Idwn, county, and state)	OF GASTROINTESPANAL
1D. Usual occupation	Bue to
11. Industry or businese	POSE FYLORIC STENOSIS
12. Name VOSEPH AMPROSE DEWELL	Other conditions
12. Name VOSEPH AMBROSE DEWELL 13. Birthplace HUGHESVILLE	Diher conditions MARCASMUS
14. Maiden name BETTY DOUG AS	(Include pregnancy within 3 months of death)
15. Birthplace AQUASCO, Mp.	Major findings of operations.
	Date of op.
16. Informant BETTY DOUGLAS SEWELL	Autopsy results
Address HUGHESVILLE, MO-	
BURIAL (Burial, cremation, or removal, Which?) Oate thereof JUNE 10 1948 (month) (day) (year)	22. VIOLENCE: It debth was due to external causes, till in the tollowing:
	Accident, suicide, or homicide
Cemetery or crematory ST. MARYS CEMETERY	Where did injury occur? (City or town) (County) (State)
LOCATION DERYANTOWN IS	Injured at home, farm, Industry, public place (where?)
Las black December to the	Means of Injury Injured at work?
18. Funeral director	1.00
Address / Lyguesuele	23 SIGNATURE Cliftel . Japan mil
106-10 10 (m Sleeduro	M. D. or other
(Date rec'd by registrar) Registrar	Address Uly case, My Date signed Son 10,94

JUN 11 1948

2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

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1. PLACE OF DEATH: Charles. County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infonto give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
3. (a) FULL NAME Tomes Advisor In mons	3. (b) Social Security Number		
4. Sex Male 5. Color or race 6.(a) Single, married, widowed, or divorced fingle	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 15 20 10 15 16 17 18 18 18 18 18 18 18 18 18		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated; that t attended deceased from		
7. Birth date of deceased (mo., day, yr.) 2/6/05	and that t last saw h		
8. AGE: Years Months Days It less than one day	Homorrhage /2te		
9. Birthplace (Town founty, and state) 1D. Usual occupation (Town founty, and state)	Due to Mathole 5 6 5 wounds incised Oue to No. 2. 2. 2. 2. 1 de grand		
11. Industry or buelness 12. Name 13. Birthplace 14. Industry or buelness 15. See B. Samm 16. See B. Samm 17. Industry or buelness 18. Birthplace 19. See B. Samm 19. S	Other conditions. Acute s/coholisa 3		
14. Maiden name Carrie E. On ce B 15. Birthpiace Hell Top Rul	(Include pregnancy within 8 months of death) Major fiediogs of operations		
16. Informant Lancis of Simons Address Markey Rel	Actopsy results		
17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Ovaluation (month) (day) (year)	22. VIOLENCE: If death was due to external causes, Wit in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (Coupty) (State)		
Location Helling Fed 2 Jack De	Injured at home, farm Industry, public place (where?) Meane of Injury Pocket Injury Injury at work?		
18. Funeral director. Address Dozif April, 19. 6/24 148 Bell Prise	23. SIGNATURE Tules from h. S. M. D. or other		
(Date rec'd by registrar) Registrar	Addrese Ladia 4000 110 Date eigned 6-23-4		



JUL 13 1948